the correct referral? Can you guarantee to the consumer that ALL the veterinarians licensed by the practice act can with any degree of accuracy make ALL the correct referrals for ALL the new entities being included? Probably not. Let's take a case in point.

One of the horses I was treating at the racetrack became cast in her stall one night and in the morning was dragging her right hind foot. I felt that the problem could be alleviated with acupuncture and chiropractics which I noted on her record. Because of the mare's value, however, we all felt she should be evaluated by a University for other more serious neurological problems. She was sent to a University who ruled out other problems, but her condition was getting progressively worse and the University recommended euthanasia. The owners were reluctant to do this and sent her to a big veterinary equine clinic in their area. At that clinic a veterinarian who was NOT certified or educated in acupuncture gave the mare an acupuncture treatment and told the owners that acupuncture would not help her. The owners finally shipped her to me where she literally slid off the van. I called a chiropractor from the AVCA and I supplied the acupuncture and 10 weeks later the mare was sound and healthy and ready to return to the racetrack.

This case involved some of the very best veterinarians in a state renowned for its equine work, and yet at the very highest levels the veterinarians were unable to recognize a primary chiropractic and acupuncture problem. They were unable to make a correct diagnosis in these fields, and unable to make a correct referral to these fields because they simply lacked the knowledge to do so. This lack of ability to make a referral almost cost this mare her life, and the owners a very valuable animal.

The University staff reflects not only the expertise of that University, but the expertise of all the different veterinary schools that the staff has attended. The same is true for the veterinary staff of the of the equine clinic. These were all excellent veterinarians doing their level best to help this animal. If the best of the best lack the ability to make a correct referral, then how can you reassure the consumer that the veterinarian available to them will somehow have the ability?

2. The willingness to refer

In the case above we know that even though the staff at the University did not have the ability to refer, they would certainly have had the willingness to refer. Are all veterinarians willing to refer? The answer is NO.

The AVMA frequently conducts surveys on how many veterinarians WILL refer outside of their own practices. When I graduated, the answer was dismal. At that time (1986) something like 87% would NOT refer outside of their own practices. While the numbers are better now, the majority trend is still not in the consumers favor. The majority of veterinarians do not refer

outside of their own practices. There are many reasons for that. Many veterinarians simply do not have specialists in the area that they can refer to. Many veterinarians have hired specialists to operate within their own practice so that they don't have to refer. A number of veterinarians feel that they can essentially handle on their own whatever is presented to them. Other veterinarians do not feel comfortable referring to people who are not directly familiar to them, not wanting to do the client a disservice by referring them to someone the client will not like.

Regardless of the reasons, and as good as the reasons may be, the fact remains that the statistics are NOT in favor of the client getting a referral from their veterinarian. Certainly no studies have been done to date on how many veterinarians are willing to refer to a non-veterinarian. It can only be speculated that the statistics for the consumer would be grim here as well.

3. Economic conflict and control

By allowing other professions to participate in animal health care ONLY "on or by the referral of a veterinarian" it gives the veterinarians complete economic control over competing parts of the animal health care industry. This, in and of itself, constitutes an "economic monopoly". It also creates a climate of economic conflict of interest.

One of the states I practice in has passed a similar practice act and here is how it is working for my clients. When I am in the area I can allow a non-veterinary chiropractor to work "under" my license. Meg, as I will call her, is certified by the AVCA, she spends 20-30 minutes per horse, and charges \$45 for her services. Because her overhead is low she can make \$90-\$100/hour and feels that this wage is more than adequate. She does a good job, has taught me a lot and the clients like her.

When I am not in the state, however, the clients general practitioner will not "allow" Meg to work on the horses. This practitioner you see has taken 2 out of the 5 required courses for certification by the AVCA and has no intention of taking any more. As he told me, "I learned the moves, and I don't need to be certified to do this". He is rough with the horses and does not actually do a very good job. He charges \$100/horse and manages to do 18 horses in an hour, earning him a wage of \$1800/hour. \$1800/hour is a tremendous economic conflict of interest and not a conflict that is going to be resolved in this clients favor. When I asked the clients why they put up with this they said - "We either pay through the nose for a mediocre service or we get no service at all".

Because of these problems of ability, willingness and economic conflict, the clients and consumers I have spoken to do not find the "referral idea" to be very acceptable.

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1. What you will learn: The seminars are primarily two day events unless noted otherwise. The first day is a <u>LECTURE</u> held at a hotel which covers horse and dog anatomy and technique. The second day is a <u>HANDS-ON</u> horse adjusting seminar held at a stable. You will also learn how to find misalignments and when to use these methods. All of the horse adjustments are done by hand---NO MALLETS or any other instrument is used. Most of the dog adjustments are done by hand, but you will also learn how to perform a very simple but effective adjusting sequence using a professional chiropractic tool (metal mallet).

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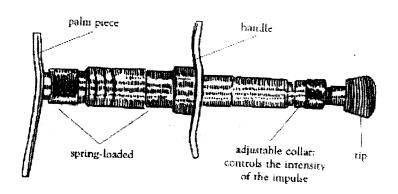
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Michelle Krusing, D.V.M. 13 Oxford Place Madison, WI 53704 (608) 249-1450

July 20, 2001

Dear Client,

In the past I did provide referrals for chiropractic services to chiropractors that are not veterinarians. I am no longer able provide these referrals for the following reason. Under Wisconsin law, referrals to non-veterinarian chiropractors make the referring veterinarian legally liable for any problems related to chiropractic care received under the referral. This means that I would be responsible for your horse's safety during and after the procedure. I would also be responsible for the safety of the horse's handler and the chiropractor during the procedure. This is a responsibility I am unwilling to take. I have discussed this with Dr. Kaufman and she is aware of the issues involved.

It is my understanding that she requests these referrals as a way of keeping the veterinarian involved with the care of the horse. (I do appreciate her acknowledgement of the importance of veterinary care!) There is no legal basis for this request. Perhaps she would be willing to see your horse without the referral. Dr. Kaufman is a certified animal chiropractor (CAC). My inability to provide a referral is unrelated to her qualifications.

I hope you can understand the issue from a legal prospective.

Thank you.

Michelle Krusing, DVM, CAC

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Thoughts from the AVMA convention

The AVMA had its annual meeting and husiness sessions July 19-26 in Sait Lake City, Congratulations are in order for two Wisconsin veterinarians who were selected to national positions of leadership. Peter



Dykhouse

Vanderloo, DVM, of Dodgeville was elected by the AVMA House of Delegates (HOD) to the Council on Education. We wish Peter well and thank him for serving the veterinary profession

Congratulations as well in Sheila McGuirk, DVM, PhD, of the UW-SVM, to the board of the National Commission on Veterinary Economic Issues. She will represent the American Association of Veterinary Medical Colleges.

All about details

There was an interesting little piece of scientific information that came out during the debate on whether to support the

USDA's position on approving the use of dog vaccines in wolves and dog-wolf

Following a comment that the dog and wolf are genetically very similar, a mentber of the Council on Biologicals and Therapeutics said he agreed that the dog and wolf are genetically similar, but gave the example that in cattle, the difference between a yow getting BSE (mad cow disease) and not getting it was the arrangement of one three-amino-acid complex.

What that illustrates is that there are often minute details that make the difference between a healthy and an unhealthy animal, and it is not possible to prove protection (or lack of protection) for rabjes without controlled trials and challenges.

Caught on a mountain

On the Monday night of the convention, an avening of entertainment and food was planned at a ski resort up in the mountains. More than 2,000 people were transported in buses from the Convention Center to the resort about 40 miles from downtown

See President's Message, page to

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From the Executive Director

Use alternative therapies within the law

The demand for alternative therapies is increasing Per owners are seeking animal massage therapists and chiropractors, animal equine dentists. and others. Many people supplying these services



Leslie **Grendahi**

have the words "licensed," "certified" and "veterinary" in their jub titles.

The law

Unless the person is a licensed veterinarian, these licenses and other certifications are not recognized by the state of Wisconsin. When working with animals, ticensed veterinarians are the only people who can diagnose, treat, perform

surgery and prescribe drugs. (See side bar on page 7 for complete language.) If nonveterinarians provide services, such as massage therapy, without direct veterinarian supervision, they are practicing veterinary medicine without a license

If you have proof non-veterinarium are performing alternative therapies on animals outside a veterinary clinic environment, please call the office, and we will ask to have them investigated and hopefully, put out of business. The proof can he printed promotional materials or a client willing to talk to investigators.

Veterinary clinics can use alternative therapists

Massage therapists, acupuncturists, chiropractors, equine dentists, dental hygienists, pregnancy checkers and others can work on unimals "under the direct super-

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vision of a veterinarian when the veterinarian is personally present on the premises where the services are provided." (VE 7.02(6)) This portion of the administrative code refers to "unlicensed assistants" because there is no alternative certificate or license recognized in Wisconsin.

From the conversations I have had over the years, alternative therapists have worked well under the supervision of veterinarians. Many feel they perform great services to their animal patients. The problem arises when they branch off on their own. This is happening with greater frequency and boldness. For the good of the patients and the veterinary profession, it is important that every veterinarian know the law and how alternative therapies can be unlized within it.

The laws on practicing veterinary medicine

Wisconsin Statutes, Chapter 453,02(6) says, 'to practice veterinary medicine means to examine into the fact or cause of arimal health, disease of physical condition, or to treat, operate, prescribe or advise for the same, or to undertake, offer, advertise, announce, or hold out in any manner to 60 any of said acts, for compensation, direct or indirect, or in the expectation thereof."

Wisconsin Administrative Code for veterinary mediome (the Practice Act), Chapter 7.02 (1)(a), (b) and (c), delegation of veterinary medical acts, states the following acts are limited to those holding a veterinary

- (a) Diagnosis and prognosis of animal diseases and conditions.
- (b) Presenting of drugs, medicines, treatments and appliances.
- (c) Performing surgery.

AVMA news

AVMA hopes to reach agreement for licensing U.S. graduates in Great Britain

The AVMA is working to expand overseas opportunities for U.S. veterinarians. In June, the AVMA held a meeting at the AVMA headquarters office with the Royal College of Veterinary Surgeons. They discussed a measure that would allow licensure in England, Scotland and Wales to graduates of U.S. veterinary schools.

"It will mean that if we have veterinary graduates who want to go to Britain and practice, they'll have an opportunity they didn't have before," said AVMA President James Nave. DVM.

If the measure is agreed upon by both parties, Great Britain would accept as practitioners those veterinary graduates who have passed the National Board Examination and Clinical Competency Test of the North American Veterinary Licensing Examination Graduates must not have disciplinary actions related to practice on their records

The AVMA and the RCVS, which is the ficensing body for Great Britain, hope to have an agreement soon, possibly in September as the British Veterinary Association annual congress.

Congratulationsi

Congretulations to Pater Vanderice, BVM, of Dodgeville. who was elected by the AVMA House of Delegates (HOD) to the Council on Edu-

We also extend congratula tions in Shelle McCelri. SVM. PAD, of the EM-SVM. board of the National Commission on Veterinary Economic Issues. She will represent the American Association of Veterinary Medical Col-

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Minutes from WI Vet Board meeting. 1990-97 (more to come)

REVIEW OF DEA MANUAL

Board did not feel that this manual is particularly applicable to veterinarians. Board would like to have someone from DEA come to the next meeting to get some guidelines for Wisconsin veterinarians.

NEW CODE BOOKS

Board wondered if it would be possible to have new code books done by December -- this is not possible but our offices do sent out appropriate inserts with the present books.

UPDATE ON BOARD APPOINTMENTS

Patrick Braatz reported that he has talked with the Appointment Secretary and they are working hard to find a new member for this board. If anyone has suggestions, please pass them on to either Mr. Braatz or the Appointment Secretary.

MEETING WITH CHIROPRACTIC BOARD

The Chiropractic Board wants to talk to the Veterinary Board about development of a joint rule regarding chiropractic treatment of animals. Their meeting is September 12 at 1:00 p.m. Dr. Hines will speak with them via telephone on the feeling of the Veterinary Board about this. In general the Veterinary Board does not feel too favorable about this, but if something does develop, the Board would like to have this done by referral of a veterinarian, perhaps have a veterinarian in attendance, have legislation that would control the "invasion" of veterinary practice and that the Veterinary Board should be able to approve any rules or statutes. If issues arise that cannot be easily resolved, a joint committee should be set up to work them out.

NEWSLETTER

The newsletter is done and is being printed. Dr. Weiland felt that the entire Board should be able to review it before printing.

RL 2

There is a public hearing on this on October 8, 1991. The only questionable thing in it is the part regarding board screeners. This is being withdrawn but it cannot be done until after the public hearing.

VE 7.02

Attorney Pamela Stach appeared before the Board with questions regarding "direct supervision." This now means that some things can be delegated to technicians or unlicensed personnel if there is "immediate availability" to the veterinarian. This can include contact by telephone or 2-way radio.